Montgomery County Fire Rescue Training Academy
Advanced Life Support Training Program
ALS Residency Program

Resident Name:

Primary Preceptor:

Shift Officer:

Start Date:

MD State Protocol Exam Due Date:

Extension Request Deadline:

Expected Completion Date:

I, _____, acknowledge receipt of the ALS Resident packet and understand and agree to the associated completion dates.

Resident Signature Date

Witness Printed Name Witness Signature Date

Differentiation between Student Intern and ALS Resident

ALS Student Internship:

The student internship will begin during the Medical Module of the Paramedic Course. This will provide more structure and guidance to the student as they begin to meet the objectives necessary to become an independently functioning ALS provider.

ALS Student Intern

The student will have completed phases one and two of the ALS Residency prior to the completion of the course, also meeting the requirement of performing as team-lead on a minimum of 30 calls, which is a requirement of the course.

Once the student has completed the course requirements but has not completed the National Registry cognitive and psychomotor exams, the student will remain a student intern until such time that both National registry exams have been completed. Successful completion of these exams will be the transition point from student intern to ALS resident. The purpose of keeping the student in an active training role is to maintain the continuum of learning and continue exposure to ALS.

ALS Residency:

The ALS Resident status applies to the students that have completed a course with the county and have obtained National Registry Certification or those seeking reciprocity from other jurisdictions that have National Registry Certification and have acquired Maryland ALS licensure.

ALS Resident – New MC Trained ALS Provider

The primary purpose of the ALS Residency is to allow the resident to apply knowledge and skills acquired in EMTI/P school to patient management in a clinical pre-hospital environment under direct supervision of an ALS preceptor. The residency serves as a means of orienting an ALS Resident with no field experience to Maryland State protocols. It also provides an opportunity to refine their general approach to case management, and the means to evaluate the candidate's ability to function independently as a team leader by meeting the standard level of functioning in all seven dimensions of the Advanced Life Support Provider Evaluation Tool.

ALS Resident - Reciprocity

The primary purpose of the residency in regards to Maryland reciprocity requests is to allow the ALS provider to apply knowledge and skills acquired in an ALS program to case management in a clinical pre-hospital environment under direct supervision of an ALS preceptor.

The residency also serves as a means of introducing the candidate to Maryland State protocols, acclimating to the culture in Montgomery County, becoming familiar with equipment carried on ALS units and equipment nuances between area hospitals. In addition, it serves refine their general approach to case management. The residency also serves as the means to evaluate the candidate's ability to function independently as a team leader.

Objectives

Upon completion of the ALS Residency program, the Advanced Life Support resident will:

1. Function as a confident, competent and professional entry-level ALS provider

2. Demonstrate the ability to comprehend, apply, analyze, and evaluate information relevant to their role as an entry level ALS provider (Cognitive Domain)

3. Demonstrate technical proficiency in all skills necessary to fulfill the role of an entry level ALS provider (Psychomotor Domain)

4. Demonstrate personal behaviors consistent with professional and employer expectations for the entry level ALS provider (Affective Domain).

Preceptor and Resident Crew Roles and Responsibilities

The paramedic preceptor plays a critical role in the development and success of the Advanced Life Support Resident. The preceptor must always serve as a role model and maintain the highest level of professionalism and medical competency.

Shift Officer

- Ensure the continual progress of the residency
- Oversee the preceptor responsibilities to the resident
- Address station level issues affecting resident progress
- Facilitate the acquisition of resources and time needed for the resident/preceptor to meet the objectives of the residency

- Maintain open lines of communication with EMS Operations

Primary Preceptor

- Ride with the resident no less than 120 hours of the residency on an ALS transport unit
- Orient the resident to equipment specific to the ALS transport vehicle and AFRA
- Review the knowledge, skills and personal behaviors required of an entry-level ALS provider as defined in this manual
- Provide the resident with constructive feedback and guidance on his clinical performance related to the objectives for an entry-level provider
- Advance the resident through the process via frequent evaluations
- Maintain communication with the resident coaches, and EMS Operations, regarding progress and identified weaknesses
- Request residency extension on behalf of the resident if necessary
- Initiate downtime activities that reinforce residency objectives
- Assist the resident with preparation for MIEMSS protocol exam
- Notify the ALS Residency Coordinator if the resident is not meeting expected completion dates
- **Submit a minimum of one online evaluation per shift**

- **During each shift, the preceptor will**:

  i. Review the history, diagnosis, complications and treatment of each patient seen
  ii. Provide case specific comments which help correlate book knowledge with patient assessment and management in the field setting
  iii. Maximize opportunities to perform skills and assessments
  iv. Promote problem solving skills by asking pertinent, thought provoking questions
  v. Analyze patients' complaints/problems thus enabling the resident to understand how you, as the experienced ALS provider, approach and reason your way through a case
  vi. Discuss and critique each patient encounter immediately after the encounter
  vii. Supervise the resident and critically review all interventions; make recommendations when needed
  viii. Submit detailed performance feedback notes through the online reporting system
  ix. Maintain open and ongoing communication about the resident's performance with the station Captain

Coaches (any preceptor riding with the resident other than the primary)

- Communicate with primary preceptor regarding resident performance
- Initiate downtime activities that reinforce residency objectives
- Assist resident with preparation for MIEMSS protocol exam

Resident Responsibilities

- Communicate any specific needs to the primary preceptor
- Discuss with your preceptor the need for extension and subsequent request for extension of the residency if necessary
- Communicate early with ALS Resident Coordinator regarding any problems you are experiencing with your preceptor or the residency process
- Take an active role in the learning process, study and read as necessary during down times
- Arrange to take the Maryland State Protocol Test within the first month of residency

Preceptor Requirements and Qualifications

Per the Code of Maryland Regulations, Title 30:

F. Field Preceptor
   1) Each ALS education program shall have a field preceptor who shall supervise and evaluate each student's performance in an approved EMS operational program setting or equivalent as approved by MIEMSS.
   2) The ratio of residents to field preceptor shall be one to one to ensure effective learning and supervision.
   3) A field preceptor shall:
      a) Have working knowledge of:
         i. ALS curricula; and
         ii. The Maryland Medical Protocols for Emergency Medical Services Providers;
      b) Have the expertise to supervise required skills;
      c) Have been licensed to perform the skills supervised for at least 2 years;
      d) Have completed a local field preceptor orientation program; and
      e) Be approved by an EMS operational program

General Guidelines and Instructions

1. Residents are assigned to a preceptor for the duration of their residency. The resident should be with the preceptor at any duty station or riding assignment. This will allow the resident to be oriented to the duties of the ALS provider on a transport unit and AFRA.
2. Residents may also work under the supervision of another preceptor
3. Leave should be taken in accordance with the established policies and procedures.

Remember that the ALS Residency is competency based. Competency is not defined by hours or number of patient contacts, however there are time constraints within which the residency should take place. When the resident successfully performs all of the objectives of an entry level provider, he has achieved competency. If at any time during the residency the preceptor feels that the resident is extremely deficient in any area, immediately notify the ALS Residency Coordinator to plan remediation.

To successfully complete the residency, the resident must

1. Satisfy all of the residency objectives
2. Obtain in writing, the approval of the primary preceptor

Preceptors: Please remember that it is critical for you to foster a healthy and safe learning environment at all times! Empower the resident to start as an observer, progress to an active team assistant and finish as a competent team leader. If the preceptor finds the resident is extremely deficient in any skill area, the resident will be offered an opportunity for retraining and/or be sent to a suitable environment (i.e. the ED for IV sticks) for remediation.

Entry Level Competencies

Terminal Objective:

1. Function as a confident, competent and professional entry-level ALS provider
2. Demonstrate the ability to comprehend, apply, analyze, and evaluate information relevant to their role as an entry level ALS provider
3. Demonstrate technical proficiency in all skills necessary to fulfill the role of an entry level ALS provider
4. Demonstrate personal behaviors consistent with professional and employer expectations for an entry level ALS provider.

Candidates will successfully complete the residency process when they earn a score of at least a "4" in all sections of the Entry Level Competencies.

The following entry level competencies were obtained directly from the *National Emergency Medical Services Education Standards* and prescribe the expectations of the Montgomery County Fire and Rescue Advanced Life Support Training Program for graduates of its EMT-Intermediate / EMT-Paramedic residency process.

Professionalism

1. Demonstrate professional behavior including integrity, empathy, self-motivation, good personal hygiene, good communication skills, time management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service
2. Maintain a non-judgmental attitude while conducting patient assessment and treatment
3. Demonstrate confidence and competence while interacting with patients and the public
4. Protect confidential patient information
5. Adhere to administrative policies, procedures, rules, regulations, protocols and statutes
6. Demonstrate a positive attitude and seek opportunities for personal and professional growth

Communication / Cultural Awareness

1. Establish and grow working relationships with peers and hospital staff
2. Communicate effectively and openly with patients, patient's family / significant others, and health care providers
3. Coordinate efforts with other health care providers who are involved with patient care
4. Communicate in a manner that is culturally sensitive

5. Demonstrate the ability to quickly and concisely convey patient presentation, history, physical, interventions to Medical Control and then revise plan as indicated (face-to-face and radio consult)

Decision Making

1. Perform basic and advanced interventions as part of a treatment plan intended to mitigate the emergency, provide symptom relief, improve the overall well being of the patient, and to expedite transport to a definitive care facility.
2. Evaluate the effectiveness of interventions and modify the treatment plan accordingly

Assessment

1. Perform a comprehensive history and physical examination to identify factors affecting the health and health risks of the patient
2. Formulate a field impression based on analysis of comprehensive assessment findings, anatomy, physiology, pathophysiology and epidemiology
3. Relate assessment findings to underlying pathological and physiological changes in the patient's condition
4. Integrate and synthesize the multiple determinants of health and clinical care
5. Assess patients and formulate a treatment and disposition plan for any patient presentation encountered
6. Be able to recognize and identify patients who need immediate interventions as opposed to those whose illnesses/injuries can be managed in a more conservative manner

Recordkeeping

1. Report and document assessment findings, interventions and patient response

Scene Leadership and Safety

1. Demonstrate the ability to function as the team leader of an advanced life support emergency call
2. Ensure personal safety, and that of other rescuers and the patient

Psychomotor Skills

1. Perform all psychomotor skills within the State Scope of Practice for EMT-Intermediate / EMT-Paramedic
2. Demonstrate the ability to locate all equipment carried on the medic unit
3. Demonstrate the ability to inspect, assemble, operate and maintain all equipment, medication delivery devices, and tools carried on the medic unit

Assessment

Scale	Point Value	Description
Excellent performance	7	Takes responsibility of physical assessment seriously; looks for underlying illness or injury; performs head-to-to exam
Great performance	6	Performs a complete patient assessment on all patients; identifies chief complaint and gathers information related to the complaint; looks for other injuries and illnesses that are not obvious.
Good performance	5	Performs good patient survey to determine the extent of the problem. Initiates proper treatment most of the time.
Meets standard	4	Treats obvious injuries; investigates obvious patient complaints; performs an adequate physical exam; performs adequate treatment.
Sub-standard performance	3	Performs an incomplete patient assessment; identifies the chief complaint but does not obtain pertinent history or underlying cause.
Poor performance	2	Notes obvious injuries only; does not obtain history or vital signs.
Extremely poor performance	1	Fails to perform any assessment; fails to identify the chief complaint; fails to recognize a seriously ill or injured patient.

Professionalism

Scale	Point Value	Description
Excellent performance	7	Arrives to work early every shift; takes initiative without direction to increase knowledge base; takes pride in work; makes setbacks a learning experience; sets own goals for improvement; confident and competent attitude; manages time efficiently in all circumstances; empathetic towards all patients; broad knowledge base of pathologies and treatments; well versed in Maryland Medical Protocols; vigilant about protecting confidential patient information.
Great performance	6	Arrives to work early most shifts in tidy uniform; is enthusiastic about learning; seeks out performance feedback for performance modification; can effectively manage time; is respectful to patients and team members; good knowledge of pathophysiology and treatments; good knowledge of Maryland Medical Protocol, maintains patient confidentiality.
Good performance	5	Arrives to work on time and in tidy uniform; motivated to learn and improve performance; actively participates in learning activities and performance feedback sessions; manages time and team members in a systematic and organized manner; functional knowledge of pathophysiology; familiar with Maryland Medical Protocol; maintains patient confidentiality.
Meets standard	4	Arrives to work on time and in tidy uniform; is willing to learn new concepts; is organized in approach to tasks and patient care; incorporates performance feedback into practice; basic knowledge of common pathophysiology; familiar with Maryland Medical Protocol; maintains patient confidentiality.
Sub-standard performance	3	Usually arrives to work on time with minimal absences; arrives to work in slightly untidy uniform on occasion; performs routine shift duties occasionally without being reminded; uses down time productively when encouraged; questions performance feedback before accepting; mostly organized with approach to job; hesitates when making decisions; unsure of frequently seen pathophysiology; actively studying Maryland Medical Protocols; is careless about protecting confidential patient information.
Poor performance	2	Occasionally late or absent; arrives to work in PT clothes or untidy uniform; needs frequent redirecting to complete tasks; engages in learning activities reluctantly; makes excuses about performance feedback; inconsistently organized with approach to job; lacks confidence to perform tasks without reassurance; unsure of pathophysiology; unsure of frequently utilized Maryland Medical Protocols; frequently breaches patient confidentiality.
Extremely poor performance	1	Frequently late or absent; arrives to work out of uniform; must be reminded repeatedly to complete routine shift duties; spends downtime watching TV or on personal phone calls; becomes angry or withdrawn when given performance feedback; disorganized approach to all aspects of job; displays negative attitude in general; poor knowledge base; unfamiliar with Maryland Medical Protocols; does not take patient confidentiality seriously.

Recordkeeping

Scale	Point Value	Description
Excellent performance	7	Double checks that all fields are filled out completely and properly on ePCR; seeks to include thorough and accurate patient information; documentation organized by either head-to-toe or by organ system; interventions and patient response to intervention; proper grammar, spelling, and punctuation are utilized; medical abbreviations used are standard across all fields of medicine; multiple sets of vital signs are included to identify trending patterns.
Great performance	6	Ensures that ePCR are filled out completely and accurately; documentation is thorough and contains accurate and detailed information regarding the patient, scene and treatment; medical terminology is used properly.
Good performance	5	Fills out ePCR properly documentation is organized and complete; spelling, punctuation, and terminology are correct.
Meets standard	4	Fills out required statistical information on ePCR; documentation is organized; all pertinent patient information is included and accurate.
Sub-standard performance	3	Frequently misses filling out important statistical data on ePCR.
Poor performance	2	Careless about making sure statistical data onePCR is accurate; additional documentation is frequently unstructured and difficult to follow; occasionally inaccurate information is found in documentation; spelling, grammar, and punctuation can be an issue at times.
Extremely poor performance	1	Fails to fill out statistical data on ePCR; documentation is incomplete, disorganized or inaccurate; personal opinion frequently appears in documentation; misspells frequently used words and uses medical terminology incorrectly.

Scene Leadership and Safety

Scale	Point Value	Description
Excellent performance	7	Vigilant about patient and team member safety; immediately initiates patient care, makes decisions and delegates tasks to appropriate team members; acts confidently and decisively in crisis situations; able to resolve conflict; has high expectations for self and others; model of integrity.
Great performance	6	Makes patient and team safety a priority; initiates patient care; delegates appropriately and sets clear expectations for self and others; remains calm and decisive during crisis situations; handles conflict objectively.
Good performance	5	Ensures patient and team member safety; initiates patient care; delegates tasks to others; utilizes team effectively to expedite treatment and transport; manages crises effectively; able to resolve team conflict in most situations.
Meets standard	4	Ensures patient and team member safety; initiates patient care and delegates to team appropriately; responds reasonably to crisis situations.
Sub-standard performance	3	Needs to be encouraged to initiate patient care; hesitates to delegate tasks to others; second guesses decisions several times before committing to a plan; forgets to consider scene safety.
Poor performance	2	Lacks assertiveness; frequently hands over calls to preceptor; prefers to be delegated tasks rather than assess situation and delegate to others.
Extremely poor performance	1	Endangers patients and team members safety; cannot effectively manage patient care or team members; lacks confidence to commit to decisions; unable to handle crisis

Decision Making

Scale	Point Value	Description
Excellent performance	7	Quickly identifies patient priority; immediately addresses life threatening conditions; makes transport decision; collects pertinent information; determines field impression; implements appropriate treatment plan/ protocol; evaluates effect of treatment.
Great performance	6	Immediately addresses life threatening conditions or injuries; performs appropriate interventions to mitigate life threats; makes appropriate transport decision; attempts to obtain pertinent information; reevaluates patient to determine the effectiveness of intervention.
Good performance	5	Able to quickly identify and address life threatening conditions appropriately and effectively; makes transport decision based on priority and condition; evaluates treatment.
Meets standard	4	Able to differentiate between critical and stable patients upon initial assessment and treat life threatening injuries/conditions appropriately; assigns priority and makes transport decision.
Sub-standard performance	3	Occasionally misses identifying critical patients; often assigns patient priority incorrectly; delays interventions of life threatening conditions/injuries; sporadically makes inappropriate transport decision.
Poor performance	2	Inconsistently identifies critical patients; doesn't always address life threatening conditions or doesn't prioritize treatment of life threatening conditions appropriately; occasionally delays transport or fails to make appropriate transport decision.
Extremely poor performance	1	Unable to identify a critical patient. Fails to address life threatening conditions/injuries; takes a task oriented approach to calls rather than making decisions based on patient presentation; makes inappropriate transport decisions.

Communication / Cultural Awareness

Scale	Point Value	Description
Excellent performance	7	Written and verbal communication is detailed and concise without extraneous information; verifies that messages are transmitted and received correctly; is skilled at putting patients and families at ease with calming and genuine bed-side manner; has a culturally sensitive demeanor; advocates for patient by coordinating efforts with all involved in care.
Great performance	6	Written and verbal communication is clear and unambiguous; messages are organized; establishes rapport with patients and family; communicates to patients in a way that is respectful of their culture; collaborates effectively with other healthcare providers with regards to patient care.
Good performance	5	Written and verbal communication is accurate, complete and ordered; has a pleasant demeanor with patients and family members; takes cultural needs into consideration when feasible; establishes rapport with other providers in an effort to improve patient outcome.
Meets standard	4	Written and verbal communication conveys the essential information; is cordial and appropriate toward patients and family members; attempts to accommodate for cultural difference; strives for a professional relationship among other health care providers.
Sub-standard performance	3	Written and verbal communication is inconsistently organized and comprehensible; doesn't always establish a rapport with patients and family; periodically incorporates cultural sensitivity into practice; relationship with other providers can be strained at times.
Poor performance	2	Written and verbal communication is usually complete but disorganized; makes an attempt to establish a rapport with patients, family members and other providers but is frequently socially awkward or inappropriate.
Extremely poor performance	1	Written and verbal communication is unclear and disorganized; can be rude or seemingly disinterested in the patients and their families; takes no interest in cultural considerations; can become defensive and argumentative with hospital staff when transferring patient care.

Psychomotor Skills

Scale	Point Value	Description
Excellent performance	7	Takes initiative upon arrival to shift to check out unit; identifies need for equipment and supplies repair or replacement and addresses as needed; able to perform all ALS and BLS skills and procedures confidently and correctly.
Great performance	6	Checks out unit and equipment and restocks as necessary; replaces equipment in need of repair; is able to identify need for intervention and possesses the knowledge and ability to perform BLS and ALS skills with ease.
Good performance	5	Checks out unit and equipment; can be trusted to keep unit stocked appropriately; treats patients appropriate to their presentation, utilizing BLS and ALS skills effectively and suitably.
Meets standard	4	Checks out unit shortly after arrival to shift occasionally needing to be encouraged to do so; keeps unit stocked appropriately; initiates BLS before ALS and performs ALS interventions appropriately as needed.
Sub-standard performance	3	Occasionally needs to be encouraged to check out unit but is thorough and organized about ensuring working condition of equipment and restocking supplies; hesitates to perform ALS and BLS interventions but when encouraged can perform most procedures skillfully.
Poor performance	2	Needs to be supervised when checking out unit and equipment to ensure thoroughness; lackadaisical about identifying and replacing damaged or broken equipment; careless about restocking and putting items in their proper place; hesitant to perform ALS and BLS interventions due to lack of self-confidence in being able to execute the skills.
Extremely poor performance	1	Must be constantly reminded to check out unit; fails to recognize broken equipment and items in need of restocking; consistently asks where equipment is on the unit; unable to perform skills properly; implements improper treatment or fails to treat patient conditions at all.

ALS Residency Extensions

An extension may be requested by the resident or the primary preceptor. If an extension is being requested then the Extension Request Form must be completed and submitted no later than 2 weeks prior to the expected completion date.

The final disposition of all extension requests will be the responsibility of the EMS Lieutenant. If an extension is granted, the length of the extension will be decided by the EMS Lieutenant and will be based upon the circumstances which led to the inability to complete the residency in the given timeframe. The resident and primary preceptor will be notified of the extension length.

Extensions will never be longer than an additional 12 weeks. Anyone who is not successful in completing the ALS Residency within the extension period will be dismissed from the program.

Contact Information

ALS Resident Coordinator:
EMS Lieutenant
Lt. Jamie Baltrotsky
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ALS Program Coordinator:
MFP Chris Touzeau
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Residency Extension Request Form

☐ Resident Request ☐ Preceptor Request

Resident Name | Date of Request | Residency Start Date

Primary Preceptor Name | Extension Request Deadline Date

Residency Shift Officer Name | Residency Shift

Reason for Request:

Requested Length of Extension: _____

Additional Comments:

Resident Signature | Date

Preceptor Signature | Date

***Any Residency Extension Request not received by the EMS Lieutenant by the extension request deadline may be denied.**